

# Work Order ID 87927

Monday, July 23, 2012 9:27:11 AM

**\*87927\***

Page 1

Item ID: D350-588-011

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Aft Door Fwd Hinge Modification

Start Date: 7/18/2012 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 7/19/2012 Req'd Qty: 1.00

**\*1\***

Customer: CU-DAR001

Reference: RMA RA111334

Approvals: Process Plan: *MF*

Date: *12-08-23*

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr                       | Revision Nbr             |                      |         |        |              |               |               |                  |                |
| N/A                            | Rev N/A                  |                      |         |        |              |               |               |                  |                |

100

0.00

**\*100\***

QC

Quality Control

Memo

0.00

INSPECT RA 111334 D350-558-011 B 77539 X 1

*CHG002*

KIT IS COMPLETE

ADD NEW PAPERWORK AND LABELS UNDER NEW BATCH NUMBER

*DAS 16 8-03 12/16/12*

110

Identify as per dwg & Stock Location:

0.00

**\*110\***

Packaging

Packaging

Memo

0.00

*12/7/23 C*

120

QC21- Final Inspection - Work Order Release

0.00

**\*120\***

QC

Quality Control

Memo

0.00

**DART**  
Dart Aerospace Ltd.  
1270 ABERDEEN ST.  
HAWKESBURY ONT CANADA K6A 1K7  
TEL: 1-813-632-6200

|       |                        |    |          |
|-------|------------------------|----|----------|
| PN    | D350-588-011           | QC | CHG002   |
| DESC  | Aft Door Hinge Mod Kit | QC | SH92-41  |
| LOT   | B77539                 | QC | SH1012NE |
| MODEL | AS350/355              | QC |          |

MADE IN CANADA 027294

*12/7/24*

*CHG002*

*MF*

*12-7-24*

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |      |      |     |   |                      |   |                |              |              |  |  |
|--|------|------|-----|---|----------------------|---|----------------|--------------|--------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |      |      |     | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                |              |              |  |  |
| <b>Root Cause</b>  | Date | Step | Qty | Description of work order update<br>or Non-conformance  | Initial<br>Chief Eng | Action<br>Description   | Sign &<br>Date | Verification | QC Inspector |  |  |
| Doc/Data <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Equip/Tooling <input type="checkbox"/>                       |      |      |     |   |                      |   |                |              |              |  |  |
| Operator <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Material <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Setup <input type="checkbox"/>                               |      |      |     |   |                      |   |                |              |              |  |  |
| Other <input type="checkbox"/>                               |      |      |     |   |                      |   |                |              |              |  |  |
| Process <input type="checkbox"/>                             |      |      |     |   |                      |   |                |              |              |  |  |
| Supplier <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Training <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Unapproved <input type="checkbox"/>                          |      |      |     |   |                      |   |                |              |              |  |  |

| FAULT CATEGORY           |                              |                          |                |                          |                                 |                          |                      |                          |                    |
|--------------------------|------------------------------|--------------------------|----------------|--------------------------|---------------------------------|--------------------------|----------------------|--------------------------|--------------------|
| <b>Landing Gear</b>      |                              |                          | <b>General</b> |                          |                                 |                          |                      |                          |                    |
| <input type="checkbox"/> | Bending                      | <input type="checkbox"/> | Bend           | <input type="checkbox"/> | Grain                           | <input type="checkbox"/> | Ovalized             | <input type="checkbox"/> | Pressure/Forced    |
| <input type="checkbox"/> | Centre Not Concentric to O/S | <input type="checkbox"/> | BOM/Route      | <input type="checkbox"/> | Hardware                        | <input type="checkbox"/> | Over/Under tolerance | <input type="checkbox"/> | Temperature/Cure   |
| <input type="checkbox"/> | Cracks                       | <input type="checkbox"/> | Broken/Damaged | <input type="checkbox"/> | Inspection Incomplete           | <input type="checkbox"/> | Part Incorrect       | <input type="checkbox"/> | Weld               |
| <input type="checkbox"/> | Crushed/Crimped              | <input type="checkbox"/> | Burrs          | <input type="checkbox"/> | Instructions Incomplete/Unclear | <input type="checkbox"/> | Part Lost/Missing    | <input type="checkbox"/> | Wrong Stock Pulled |
| <input type="checkbox"/> | Cuffs                        | <input type="checkbox"/> | Contamination  | <input type="checkbox"/> | Maintenance                     | <input type="checkbox"/> | Part Moved           |                          |                    |
| <input type="checkbox"/> | Heat Treat                   | <input type="checkbox"/> | Countersink    | <input type="checkbox"/> | Mislabeled                      | <input type="checkbox"/> | Positioned Wrong     | <input type="checkbox"/> | Other              |
| <input type="checkbox"/> | Inspection Strip in Tube     | <input type="checkbox"/> | Cut Too Short  | <input type="checkbox"/> | Misread                         | <input type="checkbox"/> | Power Loss/Surge     |                          |                    |
| <input type="checkbox"/> | Ripples in Bend              | <input type="checkbox"/> | Drill Holes    | <input type="checkbox"/> | Offset                          |                          |                      |                          |                    |
| <input type="checkbox"/> | Torque Waves in Extrusion    | <input type="checkbox"/> | Drawing        | <input type="checkbox"/> | Out of Calibration              |                          |                      |                          |                    |
| <input type="checkbox"/> | Turning Sequence             | <input type="checkbox"/> | Finish         | <input type="checkbox"/> | Out of Sequence                 |                          |                      |                          |                    |
| <input type="checkbox"/> | Wave/Twist in Tube           | <input type="checkbox"/> | Folio          | <input type="checkbox"/> | Outside Dimensions              |                          |                      |                          |                    |

# Picklist Print

Monday, July 23, 2012 9:27:10 AM

Page 1

Work Order ID: 87927

Parent Item: D350-588-011

Start Date: 7/18/2012

Required Date: 7/19/2012

Parent Item Name: Aft Door Fwd Hinge Modification

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:M04.08.31Added D2690-17KJ/JLM

| Component Item ID/<br>Item Name                 | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| D350-588-011<br>Aft Door Fwd Hinge Modification |                        | Manufactured  | No          |                     |                  |                 | Each               | 6.0000         |             | 1            |               |                |        |

Location

Loc Qty

Loc Code

FG022

6

85095

6

1 x 77539 MF

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |      |      |   |   |                      |   |                |              |  |  |   |  |
|--|------|------|---|---|----------------------|---|----------------|--------------|--|--|---|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____   |      |      |   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                |              |  |  |   |  |
| <b>Root Cause</b>  | Date | Step | Qty   | Description of work order update<br>or Non-conformance  | Initial<br>Chief Eng | Action<br>Description   | Sign &<br>Date | Verification | QC Inspector   |  |   |  |
| Doc/Data <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |  |  |   |  |
| Equip/Tooling <input type="checkbox"/>   |      |      |   |   |                      |   |                |              |  |  |   |  |
| Operator <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |  |  |   |  |
| Material <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |  |  |   |  |
| Setup <input type="checkbox"/>   |      |      |   |   |                      |   |                |              |  |  |   |  |
| Other <input type="checkbox"/>   |      |      |   |   |                      |   |                |              |  |  |   |  |
| Process <input type="checkbox"/>   |      |      |   |   |                      |   |                |              |  |  |   |  |
| Supplier <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |  |  |   |  |
| Training <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |  |  |   |  |
| Unapproved <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |  |  |   |  |
| <b>FAULT CATEGORY</b>  |      |      |   |   |                      |   |                |              |  |  |   |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped.<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |      |      | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |   |                      | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions   |                |              | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge |  | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other |  |

# **RA111334 D350-558-011**

## **B77539**

Received @ Dart July 6<sup>th</sup>, 2012  
Inspected @ Dart July 6<sup>th</sup>, 2012

Customer: ARROW HELICOPTERS  
Customer Contact: ADRIAN SCHLAEFLI  
Shipped from: REVELSTOKE BC CANADA

### **Instructions for RA 111334 D350-558-011 B77539 CHG002**

- Kit complete
- Needs new PAPER WORK & LABELS
- Needs new BATCH #

**Time Estimate** = 1 HOUR ONLY (stores)

**Departments Required:** Stores (restocking)

**Pictures Attached** = NO

**THIS INSTRUCTION SHEET MUST  
BE ATTACHED TO THE  
RESTOCKING WORK ORDER AT  
ALL TIMES!!!!**

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|   |             |             |   |   |                          |   |                        |                     |   |  |  |
|---|-------------|-------------|---|---|--------------------------|---|------------------------|---------------------|---|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____  |             |             |   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                          | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                        |                     |   |  |  |
| <b>Root Cause</b>   | <b>Date</b> | <b>Step</b> | <b>Qty</b>  | <b>Description of work order update or Non-conformance</b>  | <b>Initial Chief Eng</b> | <b>Action Description</b>   | <b>Sign &amp; Date</b> | <b>Verification</b> | <b>QC Inspector</b>   |  |  |
| Doc/Data <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |   |  |  |
| Equip/Tooling <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |   |  |  |
| Operator <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |   |  |  |
| Material <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |   |  |  |
| Setup <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |   |  |  |
| Other <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |   |  |  |
| Process <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |   |  |  |
| Supplier <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |   |  |  |
| Training <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |   |  |  |
| Unapproved <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |   |  |  |
| <b>FAULT CATEGORY</b>   |             |             |   |   |                          |   |                        |                     |   |  |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |             |             | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |   |                          | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions   |                        |                     | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other |  |  |